

Please type a sign(+) inside this



PTO/SB/05 (2/98)

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
ed for use through 09/30/2000. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR § 1.53(b))	Attorney Docket No.	1562.0110000/MAC
	First Inventor or Application Identifier	Petri SILENIUS
	Title	Novel Filler and Pigment
	Express Mail Label No.	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
<p>1. <input type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages <u>17</u>] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheet <u>1</u>]</p> <p>4. <input type="checkbox"/> Oath or Declaration [Total Pages _____] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§ 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</p>	
ACCOMPANYING APPLICATION PARTS	
<p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> *Small Entity Statement(s) (PTO/SB/09-12) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input checked="" type="checkbox"/> Other: 37 C.F.R. § 1.136(a)(3) Authorization <input type="checkbox"/> Other:</p> <p><small>*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</small></p>	
<p>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No: ____/____</p> <p>Prior application information: Examiner _____ Group/Art Unit: _____</p>	

18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label [] (Insert Customer No. or Attach bar code label here) or <input checked="" type="checkbox"/> Correspondence address below					
NAME	STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.				
	Attorneys at Law				
ADDRESS	Suite 600, 1100 New York Avenue, N.W.				
CITY	Washington	STATE	DC	ZIP CODE	20005-3934
COUNTRY	USA	TELEPHONE	(202) 371-2600	FAX	(202) 371-2540

NAME (Print/Type)	Michele A. Cimbala	Registration No. (Attorney/Agent)	33,851
SIGNATURE	<i>Michele A. Cimbala</i>	Date	March 12, 1999

Burden Hour Statement: this form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.